

Annual Report of Accomplishments and Outcomes, July 2011 – June 2012

Maryland Department of Health and Mental Hygiene Maryland Occupational Health and Safety Surveillance Project

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Major Accomplishments

The Maryland Occupational Safety and Health Surveillance Project (OHSSP) has made substantial progress in its second year as a fundamental surveillance project:

- Of the 20 requested occupational indicators, we submitted all but work-related hospitalizations and the indicators associated with workers' compensation and the occupational lead data bases. We are currently in discussions with the data steward for occupational lead data and may be able to incorporate these data before next year. Similarly, we are attempting to add payment source to our hospitalization data, which would allow us to calculate the indicators for work-related hospitalizations. We have also had some discussions with the quasi-public workers' compensation carrier about potential sources of data for workers' compensation injuries and illness. As previously mentioned, we have determined that the workers' compensation commission has no administrative data management system to permit the analysis of worker's compensation data.
- Significantly, we have also identified a critical emerging gap in occupational disease surveillance capacity in Maryland, specifically related to the lack of industrial hygiene capacity in the Maryland Occupational Safety and Health (MOSH) program. This has already engendered a discussion with the MOSH Advisory Board, and will likely be the source of considerable discussion in months to come.
- We have established occupational indicators on the Maryland Environmental Public Health Tracking (EPHT) project website, located at <http://ideha.dhmdh.md.gov/OEHFP/EH/SitePages/Occupational-Health-Indicators.aspx>. The indicators were also presented to the MOSH Advisory Board and the Maryland OHSSP Advisory Group, and were favorably received.
- Worked with the Maryland Asthma Control Program and the Maryland Cancer Surveillance and Control Program to incorporate occupational and environmental issues into both priority areas.
- Perhaps most significantly, one of the results of a recent reorganization of the Public Health Services was the creation of a new Environmental Health Bureau, one component of which is the Office of Environmental, Occupational, and Injury Surveillance. For the first time, occupational epidemiology has been distinctly recognized within the Department; in addition, the injury epidemiology and injury prevention programs are now also part of Environmental Health. This has already resulted in a number of benefits:
 - The Environmental Health Bureau has been the lead for messaging related to recent storms and extreme heat events in Maryland, and has used that to push strong messages on prevention of occupational heat-related health outcomes.

- Discussions are under way on how to better integrate the ongoing surveillance of occupational injury with the Maryland Violent Death Reporting System and the Maryland Injury Prevention Program.
- The Maryland Asthma Control Program is now also within the Environmental Health Bureau, as well as lead (within the Office of Healthy Homes and Communities). This will, in the next project year, provide the basis for more interaction and activity related to these occupational (and non-occupational) health concerns.

Outputs

While the most tangible outputs of the OHSSP this year are the occupational disease statistics, now available electronically on the Maryland Environmental Public Health Tracking web page, the more lasting outputs probably pertain to the organizational impacts of the occupational health and safety surveillance program. These are described below.

Outcomes/Impacts for the Reporting Period

The most important of these impacts are the following:

1. Occupational health surveillance data availability – During the OHSSP Technical Advisory Group Meeting on May 30, 2012, there was a great deal of interest in the data provided by the OHSSP. This was the first time that many of the Advisory Group members had seen the data, and it provoked many questions, including:
 - a. Interest in the relative changes in some occupational health outcomes, especially given the relative paucity of industrial hygiene resources in MOSH;
 - b. Interest in the temporal trends for problems previously mentioned in last year's annual report (asthma and burns).
2. Work-related asthma – The PI conducted some training on occupational asthma (for medical residents at a Baltimore City-Johns Hopkins Hospital (Johns Hopkins Bayview Medical Center). Now that the asthma control program is also under the PI for OHSSP, we anticipate that there will be increased emphasis on outreach and training related to work-related asthma.
3. Maryland Cancer Plan – As mentioned last year, the PI for OHSSP (Dr. Mitchell) served as the chair for the occupational and environmental factors committee of the Maryland Cancer Plan, which was revised in 2010. The Environmental Health Bureau is now discussing a number of policy options that would allow the Department and the State to implement the recommendations that are focused on identifying priority chemicals.
4. Finally, the principal investigator for the OHSSP is continuing to coordinate a multi-state collaboration between the CDC's environmental public health tracking (EPHT) project and NIOSH surveillance programs to incorporate occupational health indicators into state tracking programs. This process, which was approved as an initiative by the state

tracking programs and CDC, seeks to create occupational disease indicators that can be displayed within the maps and query tables of state EPHT websites. The status of the first four indicators is as follows: (1) adult blood lead is in active development; (2) the mesothelioma indicator has been completed and will shortly be available on state tracking portals and the national tracking portal; (3) work-related asthma is now the subject of discussion between CSTE, tracking, and NIOSH (informally) about how best to represent this condition; and (4) occupational pesticide poisoning is furthest from implementation. This process involves close collaboration between the occupational and environmental surveillance communities, and could eventually serve as a model of how to present both occupational and environmental surveillance data in a common electronic framework.